BINDIN

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C - W -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRIBEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

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20. FILED Jan.

should state

	CERTIFICATE OF DEATH 00737
1. PLACE OF DEATH	73.0
County Somerset WITHIN CORP	ORATE LIMITS OF Registration Dist. No. 265
Village or City Crisfield	No. Main St., Ward
Length of residence in city or town where death occurredvrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Julia Florence Roach At	
	St. Ward.
(Usual place of abode)	SL, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 7. OR DIVORCED (write tha word) 8. Married 9. Married 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, 9. OR DIVORCED (write tha word) 1. Married 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, 9. OR DIVORCED (write tha word) 1. Married 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, 9. OR DIVORCED (write tha word) 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, 9. OR DIVORCED (write tha word) 1. COLOR OR RACE 1. COLO	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Gordon T. Atkinson	22. 1 HEREBY CERTIFY, That I attended deceased from January 22, 1934 to January 22, 1934.
6. DATE OF BIRTH (month, day, and year) May 20, 1855.	last saw her alive on January 22, 1934. death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:50 A.
78 7 13 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	Arthritis
9. Industry or business in which work was done, as SILK MILL. SAW MILL BANK etc. OWN Home.	Acute Coronary Thrombosis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  53	Sudden Death
12. BIRTHPLACE (city or town) Somerset County (State or country) Maryland.	Other Contributory Causes of importance:  Myocarditis Chronic
置 13. NAME William H. Roach	
H I3. NAME William H. Roach  14. BIRTHPLACE (city or town) Somerset County (State or country) Maryland.	Name of operation Data of
	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Caroline Gunby 16. BIRTHPLACE (city or town) Wicomico County (State or country) Maryland.	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Dr. G. T. Atkinson. (Address) Crisfield, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place POCOMOKe, Md. Data Jan. 24, 19 34	Mannar of injury
19. UNDERTAKER Vernon P. Stevenson	24. Was disease or injury in any way related to occupation of decaased?

Registrar.

(Address) Crisfield

-- Maryland

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Example 1	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. s.	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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V. S. No. 1

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	N. BEvery Item of information should be carefully supplied. ACE should be stated EXAC	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate.
			1
	Z	1	

County Someway	CERTIFICATE OF DEATH
0.1.00	Registration Dist. No. 265
Village or City (No	St.: Ward (if death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME faction 1 Po	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Regro Single, MARRIED, WHOOVED. OR DIVERCED (Write the word)	16 DATE OF DEATH 32 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) ((Day) (Year)	and that death occurred on the date stated above, at //30P.n.
27 yrs. 0 mos. 19 de. or min.?	The CAUSE OF DEATH * was at follows: Aneumone
(a) Trade, profession or particular kind of work	V V
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos J de.
9 BIRTHPLACE (State or country) Cusheld That	Contributory Secondary  (Duragion) yrs mos ds.
10 NAME OF James Browk &.	(Signed) // Am hale from M. D.
OF FATHER  (State or country) Washing A. C.	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Juge Coulbourne	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James Pauls Dr.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Various Md	Lausonia Cens. Jan. 29, 1934
Filed Jan 29 19134 C. Collins Registrar	Come a Bradelian Casfield 11.
If more bianks are needed, address State Registrat	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00738

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Ai school, or Ai home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on But in many """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; affection need not be " Shock,"

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1. PLACE OF DEATH	DECERTIFICATE OF DEATH 00735
county o'merset	Registration Dist. No. 265
Village or City Crisfield, Mc Com	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME addle Bard	mos. ds. How long in U.S. is of foreign birth? yrs. mos.
(a) Residence: No. Hudson Civ (Usual place of abode)	St., Z Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willia Bard	22 1 HEREBY CERTIFY, That I attended deceased for
D. # 3 1 / 8 63	I last saw h are alive on Joew 8 , 19 3 4; death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS t	
7/1 2 8 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BDOKKEEPER, etc.	were as follows:  Data of on  Data of on
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Welliaustown (State or country)	Other Coutributory Causes of importance:  Oranies of Timos of Jun 13
	abdommal nois
13. NAME ames Sinday  14. BIRTHPLACE (city or town) : absecting	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Liebpio ann Hord	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Lectro Com Hord  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Fud Band (Address) Crishill and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place of Paulo Com Date Janulo 19	Menner of injury
19. UNDERTAKER John a Brodstone (Address)	24. Was disease or injury in any way related to occupation of deceased? 440
20. FILED Jan 10, 1934 C.E. Collins	(Signed) Seerigs & Dealbours M

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 8

	ARYLAND-	CERTIFICATE OF DEATH 100740	
1. PLACE OF DEATH	, /	<b>3</b>	
County County	20	Registration Dist. No.	
Village or City CHANCE, MD		ND. St., W  [ death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
Length of residence in city or town where death occurre		ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Stillborn B	1 News		
(a) Residence: No(Usual	place of abode)	St.,	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  5. SINGLE, OR-DAY	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH  JAN 29 (Month) (Day) (Pear Clear)	5
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased	from
(or) WIFE of		1A 20:00 19 touthin 20:00 19	HOIN
6. DATE OF BIRTH (month, day, and year)	0:02/	I last saw h alive on JAIV 2 3 3 4 19 3 Geath is	sald
7. AGE Years Months Day	S INLESS than	to have occurred on the date stated above, atm.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	nset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Wild is allero	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		Cause unknown.	
DD. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) CHANCE, (State or country)	MD;	Dther Contributory Causes of Importance:	
E 13. NAME COANU / ZINK	no		
13. NAME OAM CHANCE	MD.	Name of operation Date of	
(State of country)	1	What test confirmed diagnosis? Was there an au'opsy?	
TE 15. MAIDEN NAME SACE	NI	23. If death was due to external causes (VIDLENCE) fill in also the following:	0
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	, MD.	Accident, suicide, or homicide?	
17. INFORMANT 9 Age Bu	eus	Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVAL Place CHANCE, IND.	52 B 8984 A	Manner of injury	
19. UNDERTAKER Carte Garage (Address)		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Jan 29, 1934 Rosa	Welsty	(Signed) A A A A A A A A A A A A A A A A A A A	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) .....

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The same and the s			
Other contributory causes of importance:		Other contributory causes of importance:	1113
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Jonnerset	PORATE LIMITS OF Registration Dist. No. 265
Village or City Crusfield	
/ O (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Haggie 1. 1 Delate	
(a) Residence: No. Chesallobe line	St. 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If marriad, widowed, or diverced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of James H. Blake	22.       HEREBY CERTIFY, That I attanded deceased from
In 11 151 A	fact 10 ,1934, to face 26 ,1935
6. DATE OF BIRTH (month, day, and year) Tel 14 1860	I last saw halive on
72 Idayhrs.	to have occurred on the data stated above, at 1.2-0.0 Pm.  The PRINCIPAL CAUSE OF DEATH and ratated causes of Importance
	wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Houseworks SAWYER, BOOKKEPER, etc	asuh Del Neut
9 Industry or business in which	Mensio. Ja 243
work was dona, as SILK MILL, SAW MILL, BANK, atc	Colles
Kind of work done, as SPINNER, Advanced SAWYER, BOOKKEEPER, etc.  9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10: Data dacaased last worked at this occupation (month and year) spent in this occupation.	
? /	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	Clima ninoudela
13. NAME - Harath	Ollino Ving wfula
E	
(Stata or country)	Name of oparation
	What test confirmed diagnosis? Usling Was there an autopsy?
E / / /	23. If death was dua to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Z. 1 Bl. 1	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT 7 Canada Crashilla Canada Cana	Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Fairmount lew Date Pan 29 1934	Mannar of Injury
John C. B	Natura of Injury
19. UNDERTAKER 10/M (1 2 odstan	24. Was disease or injury In any way related to occupation of dacaased?
(Addrass) Ged	If so, specify
20. FILED Jan 29,1934 C. E. Collins	(Signad) Neuroge M. O.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Party and American American			4,05105	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00742
1. PLACE OF DEATH	
County Sough sety	Registration Dist. No. 26/
Village or City Rungstone	NoSt.,Ward
Length of residence in propor town where death occurred 8.0 yrs. 8. mose	death occurred in a hospital or institution, give its NAME instead of street and number)  22 death occurred in a hospital or institution, give its NAME instead of street and number)  45. death occurred in a hospital or institution, give its NAME instead of street and number)  46. death occurred in a hospital or institution, give its NAME instead of street and number)  46. death occurred in a hospital or institution, give its NAME instead of street and number)  47. death occurred in a hospital or institution, give its NAME instead of street and number)  48. death occurred in a hospital or institution, give its NAME instead of street and number)  48. death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Sorristo discusto	ellett Doroland
(a) Residence No. Krighton Ma	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diversal HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
O. A. Howard	Dec 15 ,1933, 10 Jan 6 ,1934
6. DATE OF BIRTH (month, day, and year) Carrie 9-1853	I last saw h aliva on Jan 6 ,1934; daath is said
7. AGE Yaars Months Days II LESS than 1 dayhrs.	to have occurred on the data stated above, at \$150 Q_m.
80 8 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, # SAWYER, BOOKKEPER, etc	acul De 7 Heat
9 Industry or husinass in which	- Willia Jaws
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town) Or Classes (State or country)	152
	Clemes but neglute
± 300000	Clave ny tubelo
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
15. MAIDEN NAMES Depolet 1 Dolg	What test confirmed diagnosis? Was there an autopsy
16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOLERCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Whara did injury occur?
17. INFORMANT Mes. Welston	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Mannar of Injury
place of the rest poats on 8 - 1933	Nature of Injury
19. UNDERTAKER PRICON SPENSING	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) for media la cury gued	If so, specify of
20. FILED 77 1934 Clurelia 18 danson Registrar.	(Signad) Surge Coulins M. D.  (Addrass) mann mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis VF D	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 120 3 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00743
1. PLACE OF DEATH	(H)
County Dimension 14	Registration Dist. No. 2 7 0
Village or City Susfeed N. M.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Dusan Verguisa	Byrd.
(a) Residence: No.	St., Ward.
(Usuatplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Hereal While Marreed word	(Month) (Day) (Year)
5a. If married, widowed, or divoged HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 6 4 1016-	Jan. 6. 1934, to Jan. 7, 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month Days  If LESS than	to have occurred on the date stated above, at the first stated above, at th
18 6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  Date of onset
kind of work done, as SPINNER, Housekeeply	Carterous of weeks trues 3 mg ag
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
Springer Con	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) State or country)	
13. NAME Whittington Mariner	
13. NAME Mornington Mariner  14. BIRTHPLACE (city or town) Appl	Name of operation
(State of country)	What fest confirmed diagnosis? Clerucal Was there an autopsy?
15. MAIDEN NAME Mary Jule 1  16. BIRTHPLACE (city or town) A	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MIRE DAWNING LINES (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date pure 1934	Nature of injury
19. UNDERTAKER ALL SALLS BOOK (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED COMP., 1934 C. Collins. Registrat.	(Signed) & M. Joy ton M. D.  (Address) Chia Juld, Jul.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	i week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		4-11-3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

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BINDING	MINITED A STATE A NEW PARTY IN
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RESERVED FOR	NA TETA
ESER	TATE
22	TATA
	-
IARGIN	DIVINITY TIMES A TOTAL
	TIME

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

properly classified.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	93-6		
County Summer	Registration Dist. No. 270		
Village or City Museum Sta mis	No rocusty human Hord Cispules mid Ward		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.		
2. FULL NAME Frederick out all			
(a) Residence: No. Numm (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  2 3  (Month)  (Oay)  (Year)		
5a. If married, widowed, or divorced	(Month) (Oay) (Year)		
HUSBANO of Margnit Countrel	22. I HEREBY CERTIFY. That I attended deceesed from 18-1933, to Jan. 28, 1934		
6. DATE OF BIRTH (month, day, and year) Dec 25 1880	I lest sew h alive on Sau 22 1934; death is seid		
7. AGE Years Months Oays 7. If LESS than	to have occurred on the date stated above, at 2m.		
33 do 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acul Del 7 Heart Jue 25		
Industry or business in which work was done, as SILK MILL Reclies.  SAW MILL, BANK, etc.	a widal , taken , was weakly passitive; but Dr. Confloren decided patient did not		
O To Oate deceased last worked et this occupation (month and year)	have typhoid fever Contact		
12. BIRTHPLACE (city or town) Breatish kest Indias (State or country)	Other Contributary Causes of Importance:		
13. NAME Samuel Coulbell	7		
13. NAME must Compbell  14. BIRTHPLACE (city or town) Postiss heef Indias	Name of operation 20002: Oate of		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME Theresa Krieg  16. BIRTHPLACE (city or town) & outh annuas	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?		
∑ (State or country)	Where did injury occur?		
17. INFORMANT Arphil Pean & I Summe Blicey (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place Bronch Cornetary Date Jan 26, 1934	Nature of Injury		
19. UNOERTAKER Chas to word  (Address) Marion MA	24. Was disease or Injury In any way related to occupation of deceased?		
20. FILEO 175, 1934 Genelia Bauson Registras.	(Signed) San age De Descella M. D.  (Address) Dugsan Trans		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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46	Example I	1	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	8	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis 6 19.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V-S.	July 5,1927	Peritonitis	3 days ago
	Control Company	1		
Other contributory of	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

妙	item of infor-	should state	of OCCUPA.	1
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
INDING	SRMANENT K.	XACTLY.	classified. Ex	a <sup>*</sup>
D FOR B	IIS IS A PE	be stated E	be properly	of certificate
RESERVE	IG INK-TH	AGE should	that it may	ons on back
IARGIN RESERVED FOR BINDING	H UNFADIN	supplied. 1	in terms, so	See instruction
	INLY, WITH	be carefully	EATH in pla	important.
	-WRITE PLA	mation should	CAUSE OF D	TION is very important. See instructions on back of certificate.

STATE O	F MARYL	AND-CERTIF	ICATE	OF DEATH
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0	U	6	4	0

2	. PLACE OF	DEA	ТН			97	00	640
County Somerset						Registration	Dist. No. 262	
	Village or City_Rehoboth  (If:  Length of residence in city or town where death occurredyrs,mos.					No death occurred in a hospital or institution, give its NAM		
						us. Now long in 0.5. If of foreign pirth?	yrsmo	s0s.
	2. FULL NAM  (a) Residence		Lorence	(Usual place		St, Ward.	t give city or town and	C
-	PERSONA	LAN	D STATISTI			MEDICAL CERTIFICATI		State
F	sex emale	4. COLO	r or RACE	5. SINGLE. MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 14t (Month)	h. (Dey)	, 193 <u>4</u> (Year)
	tf married, widowed HUSBAND of (or) WIFE of			7+h 18		22. I HEREBY CERTIF		
_	DATE OF BIRTH (month, day, and year) Dec. 7th. 1864.  AGE Years Months Days If LESS than I day,hrs.		If LESS than	to have occurred on the date stated above, at 2.30 km.  The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:				
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked at this occupation (month and year) spent in this spent in this year)				at Home	) ime (years)	Physical Exhaustion	1	Date of onest
12	BIRTHPLACE (city (State or count		Somers		ty	Other Contributory Causes of Importance:	1/13/34	
ER	13. NAME JO	hn S	.Dryden	1				
FATHER	14. BIRTHPLACE ( (State or c			set Cou	inty	Name of operation What test confirmed diagnosis?		
<b>TER</b>	15. MAIDEN NAM	E Cha	arlotte	Boston		23. If death was due to external causes (VIOLENCE) f	ill in also the following	
15. MAIDEN NAME Charlotte Boston  16. BIRTHPLACE (city or town) Orgester County (Stete or country) Naryland  17. INFORMANT Charles E. Powell				yland ell		Accident, suicide, or homicide?	r town, county and State	e)
(Address) Ocomoke City Naryland.  18. BURIAL CREMATION, OR REMOVAL Place Choboth, Md2 Pare 16th Jan, 1934			Manner of Injury  Nature of injury  24 Was disease or injury in any year selected to occur					
	(Address) O	omo	ke City	Naryla muel &	nd.	24. Wes disease or injury in any way related to occup  If so, specify  (Signed)  (Address)	ty, Md.	M.D.

mation sl B.—WRITE V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V = 0	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. g.	3		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

The deceased was a very frail woman who has constantly undernourished herself and attempted to do work beyond the strength of a person of a younger are and properly nourished. She contracted a mild cold on the 13th of the month and this kent her confined to her room. I do not consider the cold the same of her death.

14

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00746
1. PLACE OF DEATH	(14-8)
County Homersel	Registration Dist. No. 265
Village or City Cristield, Mole	No. St., Ward
(If Length of residence in city or town where death propertiedyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Prof. Frederick 6.	gardner,
(a) Residence: No. Amaia Shi	St, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male While OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced house Gardiser  (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Oct 212/18/4	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	l last saw h alive on
69 9 13 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9) Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and) this corpustion (month and) separation the	mando ad external
9) Industry or business in which	and a to the state of the state
work was done, as SILK MILL, SAW MILL, BANK, etc.	Lidua dy dans Mis
10. Date deceased last worked at this occupation (month and 1021)	
year) Jane, 1924 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Conditionery Causes of Immuniance.
(State or country)	arter o Sclaroses
13. NAME Charles The idner	
13. NAME Charles Galner	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 24
15. MAIDEN NAME Subtry Streets  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did Injury occur?
-Ma Chal-leaden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Proble Garage (Address)	The state of the s
18. BURIAL, CREMATION, OR REMOVAL Of Cremation	Manner of injury
Place Thisadelphise Date 19	Nature of Injury.
IN HADDOTAKED & A SIDE TO THE	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER SALES (Address)	If so, specify A A Last A
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signer) 1 51/7. Qoulbouru M.D.
20. FILED COLLEGE Registrar.	(Addreso rio Lio D. A. N. A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regiesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
County Som rock	Registration Dist. No. 260
Village or City Mon Or aum h	No. St., War
	If Weath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmc	Atana (A)
	St. Ward.
(a) Residence: ND. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Jan. 28- 3 &	I last saw h alive on, 19; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8, Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Date otonice
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occuration (month and	'n
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importence:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME TONIS Harris  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17. INFORMANT Character (Address) Con Caracter (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Date Jan 193	Nature of Injury
19. UNDERTAKER Chas francy Granfacle (Address) Comments that	24. Wes disease or injury In eny way related to occupation of deceased?
20, FILED 1/30 1934 9MS	(Signed) & Struck (Sofin allustones IM.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis - 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
tainean V s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ACE FOR FURTHER STATEM	
of authorization	of date of brits	a see frosh certificale.

state UPA.	1. PLACE OF DEATH	CERTIFICATE OF DEATH
	County Somerset WITHIN CO	BEODATE & Paristration Dist. No. ) / 5
should occ	01. 1. 1	REPORATE LINATE Registration Dist. No. 265
sh	Village or City Cruspellas	(If death occurred in a hospital or institution, give its NAME instead of street and number)
NS I	Length of residence in city or town where death occurred yrs.	mosds. How long in U. S. If of foreign birth?yrsmosds.
IA	2. FULL NAME Clinys Kevel Hors	24
YSICIANS	(a) Residence: No. 15 W. Main 1	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. <u>.</u>	3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	V Book
7-9	Male White Married	(Month) (Day) (Year)
ACTL assifted.	5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of Cladie C. Horsey	1926, to Yau / 1934
EX y cl	6. DATE OF BIRTH (month, day, and year) June 20 1855	I last saw h alive on, 19; death is said
stated E properly certificate	7. AGE Yaars Mouths Days If LESS that	
stated properl certifica	78 6 10 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
_	8. Trade, profession, or particular kind of work done as SPINNER	- Date of the second se
be be	kind of work done, as SPINNER, Murud SAWYER, BOOKKEEPER, etc.	valorges agilous
should it may n back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
she it no	O 10 Data daceased last worked 1 4 11. Total tima (years)	alters selections
(H) 40 0	this occupation (month and 26 spent in this 45	7.
	12. BIRTHPLACE (city or town) Cristield Md.	Other Contributory Causes of importance:
d. s, so	(State or country)	Talogy Cordia.
supplied. n terms, ee instru	13. NAME Celbert Horsey	was DE at later arrive
# 45	13. NAME CLUM FURTHER 14. BIRTHPLACE (city or town)	Name of operation. Data of
. = 0	(State or country)	What test confirmed diagnosis? Was there an autopsy?
efully in pla ant.	15. MAIDEN NAME Leal Welson	23. If death was due to external causes (VIOLENCE) fill In also the following:
be careful EATH in primportant.	15. MAIDEN NAME Jean Welson  16. BIRTHPLACE (city or town) A glad of Aller	Accident, suicide, or homicida? Data of injury, 19
AT.	State or country) respective Ma.	Whera did injury occur?
	17, INFORMANT albut Horsey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should be OF DEA	(Address) Cafild and	
sh E C	Place Place Date Date 3, 193	Manner of injury
ion USJ N	Place Date Date 19	√ Nature of injury
mation s CAUSE TION is	19. UNDERTAKER JOM a Brodston	24. Was disease or injury In any way related to occupation of deceased?
(7)	(Address) Cerfuld and	If so, specify Aug.
(1)	20. FILED Jan 3, 19.314 CE Collins	(Signed) 41 M.D.
40.	Registrar	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis ( ) ( ) ( )	3 days ago
		LIE ALBORDA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	2		

FOR BINDING

MARGIN RESERVED

should state of OCCUPA-

1. PLACE	OF DEAT	H			(206-m)	
County Somerset					Registration Dist. No. 262	
Village or City Near Pocomoke City			moke Ci	ty	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length o	f residence in cit	y or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL	NAME	Benjami	n B?Hud	son		
(a) Res	idence: No	Snow	Hill . Md (Usual place		St., Ward.  If nonresident give city or town and Stat	e
PERS	ONAL ANI	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s.sex Male		or RACE	5. SINGLE, MARI OR DIVORCET Sin	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	34
ia. If marriad, w	vidowed, or divor		1 221	0-20	(Month) (Day)	(Tear)
(or) WIFE	of of				22. I HEREBY CERTIFY, That I attended dece	
S. DATE OF BIF	RTH (month, day,	and year)Apl	cil 16th	.1911.	I last saw h, 19, de	eath is said
. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
1	22	9	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ite of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at Jan this occupation (month and year)  11. Total time (years) spent in this occupation.			11. Total ti	nt in this	an automobile was involved. 20202. Railroad and automobile collision. Other Contributary Causes of importance:	(m.
	E (city or town)_ r country)	Snow H	ill vland			
13. NAME		am T.Hu	-		Trocking Skull	Lune
	LACE (city or tovote or country)	mil) - winter n- z	Hill arvland		Name of operation Date of	
15. MAIDEN			odney		What test confirmed diagnosis? Was there an autor	osy?
16. BIRTHPLACE (city or town) Snow Hill (State or country) Maryland					23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?	19.3 4
IT. INFORMANT William T. Hudson (Address) Snow Hill, Vd.					(Specify or town, county and State) Specify whether in ory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	******
Place Snow Hill. Hd. Date Jan. 26th, 19.34			Data Jan.	26th,19.34	Manner of injury	<u></u>
19. UNDERTAKER Leave & Lucies (Address) Snow Hill, Varyland.				ues	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED Jan 24, 1934. Samuel Seath. Registrar.				Registrar.	(Signed) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH  County Places 1-60	Registration Dist. No. 257
Village or City Reserve [ ] MA	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?  ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillow Johnson	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, OR DIVORCED (Prize the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h death is seid
7. AGE Months Days If LESS than 1 day,	to have occurred on the date stated above, at the stated above, at the stated above. The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)  (State or country)	Othar Contributory Causes of Importance:
13. NAME Assessed Johnson	
14. BIRTHPLACE (city or town)	Name of oparation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy2
	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT ALPONIA (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Junilary Chafel Date Jan 8 ,1934	Manner of Injury
19. UNDERTAKER Norman Jahnson	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jan 8, 1931 Samuel Scatt	(Signed) M. D. (Address) Poch State C. T. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	di d	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. b	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	151
1. PLACE OF DEATH	(3)	>
County Symenses	Registration Dist. No. 26 -	>
Village or City My Version	NoSt.,	Ward
Length of residence in city or town where death occurred . Cycle may	How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Canada In	65)	
(a) Residence: No.	ZSt., Ward.	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
OR DIVORCED (write the word)	Level. 189 19	3.4
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of	1 HEREBY CERTIFY, That I ettended dece	ased from
6. DATE OF BIRTH (month, day, and year) Weerel 15 4 18 08	Hast saw h. C. alive on Jan. 19 34; de	ath le said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.P.m.	13 3414
25 10 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,		te of onset
SAWYER, BOOKKEEPER, etc.	Jul Juhrsulin	7/10/39
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  5. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this coveraging (month and		
10. Date deceased last worked at this occupation (month and year)	4	
12. BIRTHPLACE (city or town) — Qued!	Other Contributory Causes of Importance:	
(State or country)	2.2.	
13. NAME arthur Junity		
14. BIRTHPLACE (city or town).	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? ( Leuce sur Was there en autop	sy? Me
15. MAIOEN NAME Lelies Jesus	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	, 19
17. INFORMANT PASS Jones	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address)		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Milerman Date 1988 15 1934	Neture of injury	)
19. UNDERTAKER Della Resalful	24. Was disease or injury in any way related to occupetion of deceased?	LR.
(Address) A. CMO. Moule ITTIC	(Signed) (Signed)	P 11 D
20. FILEO 20, 1934 1 Stoff Hay de Registrar.	(Address) / Sailles Class	200
If more blanks are needed address State Painter		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN	J
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V. S. No. 1

STATE O	F MARYL	AND-CERTIFICATE	OF DEATH
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1. PLACE O	F DEAT	Н			1000	10752
County	Son	nerset			Registration Dist. No. 2	70
Village or	City	Crisfi	eld R.	D. #2	No. St., f death occurred in a hospital or institution, give its NAME instead of street of the stree	Ward
Length of re	sidence in city	or town where d	leath occurred	ll) mosmosmos	t death occurred in a horpital or institution, give its NAME instead of street of the	mosds.
2. FULL NA						
			(Usual place		St., Ward.	
PERSOI	NAL AND	STATIST	CAL PARTI		If nonresident give city or fown MEDICAL CERTIFICATE OF DEATI	
3. SEX		OR RACE	S. SINGLE, MAR	RIED. WIDOWED.	21. DATE OF DEATH	-
F.	.C		WI dow	D (write the word)	Jnauary 15 (Day)	, 193 4 e (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wad, or divor		s Jones		22. I HEREBY CERTIFY, That latten	dad daceased from
6. DATE OF BIRTH	(month day		known	1869	Jan. 10, 19 34 to Jan. 15, 19 34 to Jan. 15, 19 34 to January 10, 19 3	4 death is said
	ars	Months	Days	If LESS than	to have occurred on the date stated above, at 11:30 Pm.	, 00011113 3010
About 6	5			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dete of onset
9, Industry or work was SAW MI 10. Date deceathis occi	business in as done, as SI LL, BANK, et	which LK MILL, cad at h and #	spe	k ime (years) nt in this spation	Lobar Pneumonia	
12. BIRTHPLACE (c (State or cou		Virgin	ia		Other Contributory Conses of importance:	
13. NAME	77-	RIVOUTI				
13. NAME					Nama of operation Date o	
(State o	r country)				What test confirmed diagnosis? Was there	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)			1 4.4		23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT (Address)	Cri		sey R.D. #2		(Specify city or lown, county end Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMA Piace HO			Date Jan.	16, 19 34	Manner of injury	
19. UNDERTAKER(Address)		A. Bra		24	24. Was disease or injury in any way related to occupation of daceased?  If so, specify	
20. FILED Jan	16, 19	34. 6.	E. Col	ling II. I	(Signed) C. Collins (Address) Crisfield, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FF 1902	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 week ago 3 days ago	

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	D. E.	SICL	atem	
1	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. EA	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	
	F	Y. ]	Exa	
5	ENT	TL	ed.	
1	IAN	AC	assifi	
4	ERN	EX	v cla	te.
2	AP	ted	perly	ificat
4	SI	stat	pro	TION is very important. See instructions on back of certificate.
	HIS	be	pe	of
	T	pluo	may	back
2	INK	sh	t it	on
	DN	AGE	tha	ions
4	ADI	ď.	8, 80	ructi
	NF	pplie	erms	inst
	H	sul	in t	See
	WIT	fully	n pla	nt.
	Υ,	care	H ii	orta
	N	pe	EAT	imp
	PLA	plno	F D	ery
	LE	ı sh	EO	is
	WRI	ation	AUS	NOI
	1	H	O	F

		STATE (	OF MARY	LAND-	CERTIFICATE OF DEATH	754
	1. PLACE OF	0			( <u>\$</u> )	
		Somerset			Registration Dist. No.	63
	Village or Ci		death occurred	(If	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth? yrs	Ward umber)
	2. FULL NAI	01:	Ilborn	Jones		3
	(a) Residence	ce: No	(Usual place o	f abode)	St., Ward.  If nonresident give city or town and	State
	PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX F	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED. (write the word)	21. DATE OF DEATH  Jan. 27  (Month) 27	193 <del>/</del>
5a	. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced			22.   HEREBY CERTIFY, That I attended of	
6.	DATE OF BIRTH (	month, day, and year)	Jan. 27	1934	last saw h alive on 19 19	
-	AGE Year		Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	, death is said
OCCUPATION	kind of w SAWYER, 9. Industry or b work was SAW MILI	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc business in which done, as SILK MILL, L, BANK, etc			nere as rollons.	Date of onset
_		y or town) Mt	11. Total tin spani occup	ne (years) in this ation	Other Contributory Causes of importance:	
2	13. NAME	7	0			
FATHER		grave	Jan y	nes		
	14. BIRTHPLACE (State or		m	d	Name of operation Date of What test confirmed diagnosis? Was there an au	
MOTHER	15. MAIDEN NAM 16. BIRTHPLACE (State or	(city or town)	m Jon	is d.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
	(Address) BURIAL, CREMATI Place	ON, OR REMOVAL	s Jame Date Jan	27 ,1934	Manner of Injury	Ct.
_	. UNDERTAKER (Address)	27, 1934 8	Pr am	LR. 2	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signer Land)	P. ) M. D.
		76	VKt-Y.	Registrar.	(Address) Jes Chane: 14 5	

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Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

20. FILED ...

state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 00755
should s	Village or City Westons	Registration Dist. No. 26/ No. St., Ward
rysicians		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<b>&gt;</b>	3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
X A C T L classified.	58. If married, widowed, or divorced husband of the wife of the wi	22. I HEREBY CERTIFY, Thet I attended deceased from 1933, to Jan 1934
stated EX properly cl certificate.	6. DATE OF BIRTH (month, day, and year) 1844 for 14  7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12/80 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Were as follows:  Date of onset  Deter See A Ment
AGE should that it may ons on back	9 Industry or business in which work was done, as SILK MILL, Nousework SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and year)  year) 17 23 cocupation occupation occupation.	Usemia
so	12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
plie rms nstr	E 13. NAME Joshua Burnett.	euma my constitue
sur in t	13. NAME Joshua Burnets -  14. BIRTHPLACE (city or town) - M.  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
2	15. MAIDEN NAME Hester Bunkley  16. BIRTHPLACE (city or town) Jack  (State or country)	23. If death wes due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
should be can OF DEATH very import	17. INFORMANT Elijole Musishald	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
Y 0 PM	Place Company Country Date 10 1834	Menner of injury
mation CAUSI TION	19. UNDERTAKER LES W. Jelgherang	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address) mouns

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 100756
1. PLACE OF DEATH	93-c
County Some set	Registration Dist. No. 265
Village or City Corespect	No. St Ward
Landbud shildana i Aisa a a a a b a a a	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare deeth occurredyrs,	ds. How long In U. S. if of foreign blrth?
2. FULL NAME SUSSE (O, ME (e	NOTHIN CORPORATE LINE
(a) Residence: No. 2 CM, Macci	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX- 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
House White ORDIVORCED (write the word)	Jun 6 193 34
5a. If married, widowed, or diverced	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
10.1000	- Jan 34 , to Jane 6 , 1934
6. DATE OF BIRTH (month, day, and year) //ach/44-/84	I last saw h_Cle aliva on
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stefad above, at Yanger
00 7 1 1 2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	I troudes: pulmersus pus
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and	Clerone regosandeliar 1919.
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month and spent in this	
year)pccupation	
12. BIRTHPLACE (city or town Joconuste Centry	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Lever (thruson	
14. BIRTHPLACE (city or town) Karesty Co.	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Clessical Was there an autopsy?
15. MAIDEN NAME OF FORT OF THE TENTER OF THE PROPERTY OF THE P	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Marcester Co.	Accident, sulcide, or homicide? Data of injury, 19
(State or country) Maryland.	Where did injury occur?
17. INFORMANT N.D. J. J. Cittsenson	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) teges feeld Mid.	
16 BURNAL CREMATION OF REMOVAL	Manner of injury
TPlace De Ol Miles Date Date 1. 19.54	Natura of injury
19. UNDERTAKER STRANGE STRANGE (Addrass) Some of the strange of th	24. Was disease or injury in any way related to occupation of dacaased?
10 5 V 211 C 8 JA	(Signed) S. du. ley for M.D.
20. FILED Sau S, 19 34 C. L. O. Chen. Registrar.	(Address) Cris field led.
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS BY	PHYSICIAN
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PLACE OF DEATH WITHIN CORPO	CERTIFICATE OF DEATH
0 -1. 0	Registration Dist. No. 265
Village or City Wileld (No. 135 5.4	St.: Ward) a hospital or institu
2FULL NAME Nillig Mil	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thurle Negro Single, Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HERERY CERTIFY That I attended the deceased from
Then 2-1 , 1934	Paly hour deal , 192
(Month) (Day) (Year)	that I lest saw y
7 AGE Time mouths foetus IfLESS than	and that deeth occurred on the date stated above, at
yrs. mos. ds. or min.?	A 1 1 1
B OCCUPATION (a) Trade, profession or	I do not know Cause
particular kind of work  (b) General nature of industry	except excitement.
business, or establishment in which employed or (employer)	(Duration) ,ds,ds,
9 BIRTHPLACE	Contributory Secondary
(State or country) Currield The	(Durstion) yrsde
10 NAME OF FATHER	(Signed) 1 2 2 M. D.
11 BIRTHPLACE	1/2/ (1934 (Address) Canfreld, 4
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	*State the Discase Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Victoria Miles	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At plece In the
(State or Country) Whitely, Mid	Where were disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) S lympra Mills	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 135 S.4 St. B. Sfelt	asbay 2ml gar, 721034
15 Filed Que 22 1984 C. E. Collans Registrar	20 UNDERTAKER William Usbury
If more bianks are needed, address State Registrat	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed rner, (b) Colton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

VE

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ever	CIAN	temer	
RD.	IXI	sta	
IE FLAINLI, WITH UNFADING INK-I'HIS IS A PERMANENT RECORD, Ever	n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	E OF DEATH in plain terms, so that it may be properly classified. Exact statemer	
Z	LY	H.	
E	CT	ifie	
MA	XA	lass	
Y EX	E	ly c	7
V	ted	per	3:
7	sta	pro	4
HIN	be	be	3"
	pin	nay	100
- Y	sho	it n	1
5	GE	hat	is morning in montened Con instance on Leaf of section
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L	hou	OF	47.07
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

00758

1. PLACE	OF DEAT	TH			(131)	
County_	Some	rset			ORATE LIMITS OF Registration Dist. No. 26	5
Village	or City	Cris	field	HIN CORP	No. St., f death occurred in a hospital or institution, give its NAME instead of street a	Ward
Length of	residence in cit	ty or town where das	th occurred	yrs,mos	sds. How long in U.S. If of foreign birth?yrs	_mosds.
2. FULL I	NAME	Charle	s G. M	organ		
(a) Resi	dence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town	and State
PERS	ONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
ale	W.	hite		RIED, WIDOWED, D (write the word) S1e	21. DATE OF DEATH  January 18,  (Month) (Oey)	, 1934 • (Year)
5a. If married, w HUSBANO (or) WIFE o	of	rced			22. I HEREBY CERTIFY, Thet I attand	led decaased from
C DATE OF DID	TIL (month down		+ a h a m (	1000	gm, 1933, to gam/8	
6. DATE OF BIR 7. AGE	Years	Months	tober 6	1873.	to have occurred on the data stated above, et 11 A m	f, death is said
6	30	3	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
S Trade n	refereign on an	attactas.		ormin.	were as follows:	Oate of onset
kind	of work done, a YER, BOOKKEE	as SPINNER.	rpente:	r	Chrome neglen	7
9. Industry	or business in wes done, as S	which			- Maynew	6
SAW	MILL, BANK, e	tc				
O this o	eased last work	ked et ith end 1933	11. Total ti sper	ma (years) nt in this		
year)				petion	Other Contributory Causes of importanca:	
12. BIRTHPLACE (State or		Crisf	ield, 1	Иd		
13. NAME	Sidne	ey Morga	n			
14. BIRTHPL	ACE (city or tove e or country)	wn) Crisfi	eld, wic	ì.	Name of operation Oate of	
15. MAIOEN		limahath	040-14		What test confirmed diagnosis? Was thara a	
		lizabeth			23. If deeth was dua to externel causes (VIOLENCE) fill in elso the follow	
	ACE (city or tov or country)	wn) Cris	riela,	Ma.	Accident, suicide, or homicide? Date of injury	, 19
					Where did injury occur? (Specify city or town, county and S	state)
17. INFORMANT (Address)		idney Morrisfield	rgan Md.		Specify whethar Injury occurred in INOUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREM		is Cem	Date on	2/ 1934	Menner of injury	***********
19. UNOERTAKER (Address)		1 11/21	lods	for	24. Was disease or injury in any way related to occupation of daceesed?  If so, specify	
20. FILED JE	in 20,1	,34. G	Ele	llius	(Signad) Co & lealenn	P M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	į.	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURDAN V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00759
1. PLACE OF DEATH	(3)
County Somersel	Registration Dist. No. 260
Village or City Princes Ofme	No. St Ward
Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Henry Sampson M.	79 n 1 m 1 4 4 m m m m 1 0 0 0 4 0 0 0 0
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wildred	21. DATE OF DEATH  January 74 193 H  (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  Sarah Reberga Morris  6. DATE OF BIRTH (month, day, and year)	22. 1 HEREBY CERTIFY. Thet I attended deceased from Tec. 11 (h) 1933, to Jam 7 (k) 1934. I last sew hill annualize on Jam 6 (k) 1934; death is said
7. AGE Years 87 Months 9 Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1.0.3 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) occupation (county of the county of t	Chronic Interstital Nephritis 1927
12. BIRTHPLACE (city or town) Princes Ame (State or country)	Other Contributary Causes of Importance:
13. NAME Hoseph Morris 14. BIRTHPLACE (city or town) Brances Armey	Name of operation Date of
15. MAIDEN NAME Mary Wards Demois  16. BIRTHPLACE (city or town) Painces Arnee (State or country)	What test confirmed diagnosis?
17. INFORMANT THE Country Language	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

V. S. No. 1 m

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT (Address)

19. UNDERTAKER

Registrar.

Manner of Injury Nature of Injury

Jast.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritouitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (10761)
1. PLACE OF DEATH	213
County Someral	Registration Dist. No. 26
Village or City Mt. Nerno	NoSt.,Ward  death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital of institution, give its INAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ralkh Mura	
(a) Residence: No. 224 : Yearn	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
male married married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Edma Murray	Jan. 2 nd ,193 4, 10 Jever. 2 nd , 1934
6. DATE OF BIRTH (month, day, and year) 1888 Sept 25	1985 saw h i M. alive on January 3 4; death is said
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 10. 3p.m.
45 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R Trade, profession, or particular kind of work dona, es SPINNER.	Heffunduren Buch
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	~ //
work was done, es SILK MILL, Maller SAW MILL, BANK, etc.	
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1/2/34 spent in this elleft	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stata or country)	pt Hemilele aid Isla 1/1
13. NAME Jerone Murray	1 7 3
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Classically there an autopsylle.
15. MAIDEN NAME Chine Williams	23. If death was dua to external causes (VIOL ENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country) Wicomo (o.	Where did injury occur? (Specify eigrar town, county and State)
17. INFORMANT	(Specify eit for town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place MI Verson Cementry at Annary 4, 19 34	Manner of injury
0.1.0.1.01	Nature of injury
19. UNDERTAKER Sale Sashulle (Address) Proceeding Control and Cont	24. Was disease or injury in any way related to occupation of deceasad?
A 1/1 St / Ca MI 1/2	(Signed). (Signed).
20. FILED M. 1. 4. , 1934 Stephen . O. M. Aleman. Registrar.	(Address)
If more blanks are needed, address State Registrar,	The confee

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
outer contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8. No.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
WITHIN CORPOR	CERTIFICATE OF DEATH
County	91-0
Village or City Ourfield (No. 153 S)	Registration Dist. No. 265
Village or City Vufuele (No. 153	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME I Sabel Stan	Merry Welson steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Founds Negros OR-OIVORDED	16 DATE OF DEATH    198
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 10, 1877	Des 20 1923. to The 21 , 1924
(Month (Dy) (Year)	that I last saw h Av alive on The 1975,
7 AGE [If LESS than	and that death occurred on the date stated above, at 5: 46 m.
55 yrs. 8 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as followed.
BOCCUPATION	must insufficiently
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Smill School	Contributory Secondary  (Direction) yrs mos 4 ds.
10 NAME OF FATHER Judeson Lutte	(Signed) Homelslerk M. D.
OF FATHER  (State or country)  Northburger	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Harriel Matthews	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Accounts to Vy	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was distance contracted, if not at place of death?
(Informant) Thomas nelson	Former or usual residence
(Address) 153 & 45t.	FAUTTOWN CALM DATE OF BURIAL AND 24, 1934
15 Filed Jan 23 1984 C-E. Collins	20 UN DERTAKER GLODAS an Cerfly h
	Tobay S S. B.I. B V S he s

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, For persons who have no occupation Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B

1. PLACE OF DEATH  County  Village or City  CIF	Registration Dist. No.  No.  No.  St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE.  5. SINGLE, MARRIED, WIDOWED, OR DUSACED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attanded dacassed from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Feel 14 1851	I last saw h; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Dato dacaased last worked at this occupation (month and yaar)  11. Total time (years) occupation (month and yaar)	mysen Vnsuffie
12. BIRTHPLACE (city or town) (State or country)  13. NAME  13. NAME  14. 13. NAME	Other Coutributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME TONG TRELLEURS  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  18. MAIDEN NAME  TRELLEURS  TRELLE	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicida?
(Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Placa  Process  (Market Jon 6 , 19-34)	Manner of injury
19. UNDERTAKER PMOmich (Address)  20. FILED LAW 6 1934 J Amith	24. Was disease or injury in any way related to occupation of dacasad?
Registrar.	(Address) As Tunn

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
FFB 7 1934.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

certificate.

See instructions on back of

TION is very important.

	DI 407 01			F MAR	YLAND-	CERTIFICATE OF DEATH	00763
1.	PLACE OF	. 0	4				40-
	County		1			Registration Dist. No	263
	Village or C	ity	nt. Vi	mon	a	NoS f death occurred in a horpital or institution, give its NAME instead of stree	St.,Ward
	Length of resid	danca in city	or town whare o	leath occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrs	mosds.
2.	FULL NA	ME	Still	born	Smith		
	(a) Residence	ce: No.				St Ward.	
(Labellance and				(Usual place		If nonresident give city or tow	
				ICAL PARTI		MEDICAL CERTIFICATE OF DEA	TH
3. SE	F	4. COLOR	B B		RIED, WIOOWED, D (write the word)	21. DATE OF DEATH  Jan 25  (Month) (Oay)	, 193. 4 (Yaar)
5e. If	f married, widow HUSBANO of	ed, or divor	ced			22. I HEREBY CERTIFY That Latt	
	(or) WIFE of					22. I HEREBY CERTIFY, Thet I ett	
6. DA	ATE OF BIRTH	month day	and year)	Jan. 22	.1934	1 last saw H alive on 19	9: death is said
7. AC			Months	0ays	If LESS than	to heve occurred on the date stated above, et	/, death is said
					I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	В
z	8. Trada, profes	sion, or par	ticular		1 01	Born dead	Oate of onset
OCCUPATION			s SPINNER, ER, etc		•••••		
JPA	9. Industry or 1 work was	business in done, as SI L, BANK, et	which LK MILL,				
SCI	IO. Date decease			11. Total ti	me (veers)	-	
0	this occup yaar)	ation (mon	th and	sper occu	me (yeers) nt in this pation		
12 D	IRTHPLACE (cit		MLV			Other Contributory Causes of importance:	
12, 0	(State or coun		44	www.	ma		
ER I	I3. NAME		allan	Smi	th	~	
FATHER	14. BIRTHPLACE	(city or tou	(0)			Name of operation Date	
F	(State or				ne	What test confirmed diagnosis? Was the	te of
ER I	15. MAIOEN NAM	мЕ	Editt	Ster	maon	23. If death was due to axternal causes (VIOLENCE) fill in also the fol	
MOTHER	6. BIRTHPLACE	(city or tow	(n)			Accident, suicide, or homicide? Date of injury	
Σ	(State or				md.	Whare did injury occur?	
17. 11	NFORMANT		mast	ha gal	R = 2	(Specify city or town, county as Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL	ad Stale) JC PLACE.
18. B	URIAL, CREMATI	ON, OR RE	MOVAL			Menner of injury	
	Place Md	·Vu	mon.	Date Jan	21,1934	Nature of injury	
10 11	NOERTAKER C	aller	- Smit	4-1-	her	24. Was disease or injury In any way raleted to occupation of dacease	
13. 0	(Addiass)	232377	Ir.an	me R	# 2	If so, specify	- 0
	0.	2 1	24 d-	t. 1. C	1/-16	(Signed) Standay O. Holden	. Legal Vis

Registrar. 73

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 2 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

TARGIN RESERVED

m.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

		1	99	C	/4	
ŧ	1	U	6	U	4	

1. PLACE OF DEATH	100 miles	
County Somersel WITHIN CO	RPORATE LIMITS OF Registration Dist. No. 265	,—
Village or City Crisfield	No. 7-7- First St. Z	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and numbe sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Elizabeth Bu Sto	/ • yrsmos	gs.
CI A A A A A A A A A A A A A A A A A A A	rung	
(a) Residence: No. World Turs! (Usual place of abode)	St., V Z Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED,	21. DATE OF DEATH /	
H OR BLYORCED (write the word)	Jan 13 ,193	-4
5a. If married, widowed, or divorced	(Month) (Day) (	Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deces	sed from
186 H	June 19 , 1923 , 10 Jan 1.3 , 1	19_3_5
6. DATE OF BIRTH (month, day, and year) Excel date importer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	th is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 355 A.m.	
only 10 million or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	e of onset
Rind of work done, as SPINNER,	4 7	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occased in all worked at this companion (morth and	Julienelous of Kings for	u 1933
work was done, as SILK MILL, SAW MILL, BANK, etc	ļ	
O 10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Smith Island	other Controllery Causes of Importance;	
(State or country)		
14. BIRTHPLACE (city or town) Holland Isl	AA	
4 14. BIRTHPLACE (city or town) Holland Val	Name of operation Date of	
(State or country)	What test confirmed diagnosis?	12.MO
15. MAIDEN NAME Pally Toda	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Pally Todd  16. BIRTHPLACE (city or town) Halland Island  (State or country)	Accident, suicide, or homicide? Date of injury, 1	19
(State or country) and	Where did injury occur?	
17. INFORMANT John M. Jelling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Cufuly and		
18. BURIAL, CREMATION, OR REMOVAL  Piece refred emterate an 15 1930	Menner of injury	
Piece	Nature of injury	
19. UNDERTAKER John a Brodshau	24. Was disease or injury in any way releted to occupation of deceased?	
(Address) Crifical And	If so, specify	
20. FILED Jan 15, 1934 C. C. Collins	(Signed) Sag ton	M. D.
Registrar.	(Address) he ad the	
2) more viants are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 101765
1. PLACE OF DEATH	(3)
County Emersel.	PRATE LIMITS OF Registration Dist. No. 265
Village or City Crustill WITHIN COM	NoSt.,Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U. S. if of foreign birth?yrs
2 FILL MARGE CAMPAGE STERMAN	7
(a) Residence: No. Main It	St., Z Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (S)  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Stevenson	22. I HEREBY CERTIFY, That I attended deceased from  23. 1933 to 24. 1934
6. DATE OF BIRTH (month, day, and year) april 3 1874	I last saw h alive on Jan. 181 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.30 A.m.
59 9 15 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Part of the second	
SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	Chrone replictes - (usenia) ?.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Hyderkedseen
D 1D. Date deceased last worked at this occupation (month and 192 spant in this	Chronic my ocardites - Christian Custois
year) occupation	Direc Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Direct Contributory Causes of Importance.
(State or country) Canada	
13. NAME James & Jeruson  14. BIRTHPLACE (City or town) Canada	
4 14. BIRTHIPLACE (CRY OF TOWN) Canada	Name of operation Date of
(State of country)	What test confirmed diagnosis? Level Was there an autopsy?.
15. MAIDEN NAME Mary Cim Millon  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Canada	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT This Kuffy Starling	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Crisfuld Cem Date Jon 20 1934	Manner of injury
19. UNDERTAKER John a Brodston	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jane 18, 1934 C. P. Collins Recistrat.	(Signed) S. M. Pay ton M. D.  (Address) Crest all ) und
4	2411 N. Charles Street, Baltimore, Requisiting U. S. No. 1.

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Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
			all.

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00766
1. PLACE OF DEATH	(1() (01)
County Somerset	Registration Dist. No. 264
Village or City Oakville	No. St., Ware
(If Length of residence In city or Iown where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
0 , 31	us. now long in 0.3.11 of foleign bittit:
2. FULL NAME Syquia Stewart	
(a) Residence: No. Oakuilla Tyo	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Jan 81 (Month) (Day) (Yaar)
HUSBAND of damas Elliott Stewart  (or) WIFE of damas Elliott	22. I HEREBY CERTIFY. That I attended deceased from Tan 36 1934 to Tan 31 1984
6. DATE OF BIRTH (month, day, and year) Tan 150 1897	I last saw h.e. = alive on Fam 31 ,1934; death is sai
7. AGE Years Months Days If LESS than 1 day, hrs. or or roin.	to have occurred on the date stated above, at
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 4. 9. Industry or business in which	Robat Preumo nia 1/18/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and Journal occupation)  12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
(State or country) Recausars  13. NAME 10/04/1000 Jackson	
13. NAME 10 at 1000 Jackson  14. BIRTHPLACE (bity or town) (State or country)  12. La wate	Name of operation Date of Was there on autopsy?
15. MAIDEN NAME Anna, Faciason  16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
-1 (State of Country) 1786 Co Col	Accident, suicida, or homicide?
17. INFORMANT dames & Steller Houtel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Office Date 7th V 1934	Manner of injury
19, UNDERTAKER & Devino (Address), A devino (Address)	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify (Signed) Sedow I willow M.
20. FILED. 19-3 Registrar.  If more blanks are needed, address State Registrar.	(Address) 1 12000 00000 100000 10000000000000000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 18-1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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prof.	1
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>	1

state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
750	County Samuset	Registration Dist. No. 263
should of Oce	Village or City Oliva House (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ent	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
PHYSICIANS ict statement	2. FULL NAME Standa Stan	spirell
HYS:	(a) Residence: No. Fallmann	St., Ward.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<b>7</b>	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) With a second or divorced (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)
A C T assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  From The Standard Stan	22. HEREBY CERTIFY, That I attended deceased from
× 5 .	6. DATE OF BIRTH (month, day, and year) Implications.	1   1   10   3   4   19   1   1   1   1   1   1   1   1
stated E properly certificate	7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at L
	8. Trade, profession, or particular kind of work done, as SPINNER,	eferces by all allers Date of onset
ould be may be back of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  AND	I Services 2
sh it on	SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spant in this occupation)	7
	year) 17 0 occupation 2 171	Other Contributory Causes of Importance:
Se ucti	12. BIRTHPLACE (city or town) (State or country)	Mycourdial
supplied n terms, ee instr	13. NAME Stus. Smith	
= + e	14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
25	a	What test confirmed diagnosis? Was there an autopsy?
2	I COMPANIE	If death was due to external causes (YIOLENCE) fill in elso the following:
be careful EATH in p important.	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
	17. INFORMANT Stefelie Hellie Hellie (Address) Dr. Charles A. A. T.	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
ion s ISE N is	Place Stairmonast Med Date James 1934	Nature of injury
mation CAUSI TION	19. UNDERTAKER Thruf B. Griles (Addiess)	24. Was disease or Injury In any way related to occupation of deceased?
(T)	20. FILED Jan, 17, 1934, Slene, He Liter	(Signed) (Signed) Mulley M. D.
and the same of th	Registrar.  If more blanks are needed address State Penistran	(Address)

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT INCORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is yery important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-2
County Nomand	Registration Dist. No.
Village or City Or Tury, In	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrs,mos	
2. FULL NAME dans & Town	
(a) Residence: No.	St. Ward.
V (Usual place of abode)	, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Z. W. Plansaul	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Off 1911 1859	I last saw h alive on 19 death is said
7. AGE Years 74 Months Days If LESS than	to have occurred on the date stated above, atm,
75 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Trade profession or particular	Primary cause of paralysis: Cerebral Date of onset
9. Industry or business in which	namourage.
work wes done, es SILK MILL, SAW MILL, BANK, etc	Durem Insulhi
year) occupation desupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME / Sanalus Mariling	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an au'opsy?
	23. If death wes due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Drug f. J. Ford	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION OR REMOVAL	Manage of the transfer of the
Place of Ceny on Date Jan 28, 1938	Menner of injury
19. UNDERTAKER Of Man color	24. Was disease or injury in any way related to occupation of deceased?
(Addjess)	If so, specify
20. FILED Flore 26 1. 19.3 4 Registrar.	(Signed) M. D. (Addyess) D. Correy M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Greet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

z (-	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT & CORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY.	THIS d be	IS A P	EXACTLY	CORD.	Every i	shou
T	TION is very important. See instructions on back of cartificate	y De	properi	y classined.	Exact stat	ement	or or

STATE OF MARYLAND—	CERTIFICATE OF DEATH	,3
1. PLACE OF PEATH	(3)	
county Omeract	Registration Dist. No. 2	10
Village or City Maron	No. St.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	
CD & Y	How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME CHONZO & July		
(a) Residence: No. Agaron 1769	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Sta	ite
3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A	
OR DIVORCED (write the word)	Jan 6	93 4
5a. If married, widowed, or divorced.	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jule	22.   HEREBY CERTIFY, Thet 1 attended dec	eased from
O VIII	- Oct . 21 , 1933 , to Jave 6	., 193.4.
6. DATE OF BIRTH (month, day, and year) 49/834	I last saw ham alive on four 6 , 1934; d	leath is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at LOGE_P_m.	
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, A clued SAWYER, BOOKKEPER, etc.		931
SAWTER, BOOKREEPER, etc.	Clarande sugreathlie	1931
kind of work done, as SPINNER, A Lucian SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Lucian Business in SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and spent in this screen in this screen in this spent i	March of H.	/6 /
10. Data deceased last worked at this occupation (month and spent in this 5.5	Corre cum tooks	au. 1734
year) occupetion	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) An arrow	Other Country Course of Importance.	
(State or country)		
13. NAME Jonnel & July		
13. NAME Jonuel & July 14. BIRTHPLACE (city or town) many	Name of operation Dete of	
(State of country)	What test confirmed diagnosis? Clevel Was there an auto	psy?_leo
16. BIRTHPLACE (city or town) Marien	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Marien	Accident, suicide, or homicide? Date of injury	-, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Als W. Warra	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	•
(Address) Anauer my 18, BURIAL, CREMAJION, OR REMOYAL		
Place It Pauls Com Date Jan 9 1934	Menner of injury	
19. UNDERTAKER John a Braylston	24. Was disease or injury In any way related to occupation of deceased?	uo
(Address) Crustile Ord	if so, specify	
20. FILED Jan 9, 1934 Junelia B. D.	(Signed) Sanal Ur. Ley ton	M. D.
16 more black on midd all a Co. T.	(Address) Chris Head, Will -	
1) more viantes are necueu, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		THE CELVE THE THE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

N. B.

I. PLACE U	F DEATH	A		22-		
County	Somer.	ref		Regist	ration Dist. No2	65
Village or	City Out	uld		No.	St	/ Ward
	0		, (1	death occurred in a hospital or institution, give its	NAME instead of street ar	nd number)
Length of res	sidence in city or town when	re death occurred/	yrsmos	ds. How long In U.S. if of foreign bit	rth?yrs	_mosds
2. FULL NA	ME Comm	a War	d	WITHIN C	ORPORATE L	IMITS OF
(a) Reside	nce: No.	ristill		St., / Ward.		
( )		Usual place	of abode)		resident give city or town a	and State
PERSO	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFIC	CATE OF DEATH	1
3. SEX 7	4. COLOR OR RACE		RIED, WIDOWED, O (rupite the word)	21. DATE OF DEATH (Month)	(Day)	, 193 4
5a. If married, wido HUSBAND of	wed, or divorced	_				(1641)
(or) WIFE of	H	me		22. I HEREBY CER	TIFY, That I attend	ed deceased from
		1/ 1/2	10-	- Dec 13 , 1935,	to 8	, 193.4
	(month, day, and year)	Jul, 7)	1920	I last saw h. ar alive on Jack		4.; death is sai
7. AGE Ye	ars Months	Days	If LESS than	to have occurred on the data stated abova, at-		
13	8	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relativere as follows:	ed causas of importance	10.
8. Trade, profe	ession, or particular	1 , 0.	:/.			Date of onse
SAWYER	work dona, as SPINNER, R, BOOKKEEPER, etc	Lray Pu	leir	Generalized Tulique	logia	1933-5
kind of SAWYER 9. Industry or work was SAW Mill 10. Date decease this accurate	business in which as done, as SILK MILL,	11 41				
SAW MI	LL, BANK, atc	/ 40				
- 1110 0000	sed last worked at MA upation (month and	d spen	me (years) it in this pation		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
12. BIRTHPLACE (c (Stata or cou	,	a New (	hurch	Other Contributary Causes of importance:		
13. NAME	mos	es Wo	4			
14. BIRTHPLAC	E (city or town)	comol	Le.	Name of operation	Date of	
(State o	r country)	and		What test confirmed diagnosis? Chuice	0	
15. MAIDEN NA	AME Caro	line m	orshall	23. If death was due to external causes (VIOLE)		
15. MAIDEN NA	E (city or town) A	in Chu	reh	Accident, suicide, or homicide?		
(State o	r country)	Va		Where did injury occur?		
7. INFORMANT (Address)	Carolin	in Har	d ·	(Specify Specify whether injury occurred in INDUSTRY	city or town, county and S f, In HOME, or in PUBLIC I	itate) PLACE.
	TION, OR REMOVAL	0	7	Manner of injury		
Placa Ja	wsome len.	Date Jan	2// 192 4	Natura of injury		
9. UNDERTAKER	John a 16	rodsh	3-1	24. Was disease or injury in any way related to	occupation of deceased?	no
(Address)	11.36	200	50.	If so, specify  (Signed)  (Signed)	for	
20. FILED	11, 19.54	المحادث مسادم	Registrar.	(Address) Chio half	'. rud	
	If mo	re blanks are needed, ac	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.	S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF PEATH	OF MARYLAND	—CERTIFICATE OF DEATH
County XIII		Registration Dist. No. 26 &
Village or City	re death occurred	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos.
2. FULL NAME Ber	1 4001	A Alexander of the state of the
(1) 7 11	misse Pl on	THE ON VIET
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 2. 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the yord)	
e. If married, widowed, or divorced HUSBAND of	10	(WolkII) (Day) (Tear)
HUSBAND of (or) WIFE of	a Contra	22. I HEREBY CERTIFY, Thet I etlended deceesed from
	3	, 19, to, 19
. DATE OF BIRTH (month, day, and year)  . AGE Years Months	Days I If LESS that	1 last saw h; death is s
. AGE Years Months	Days I f LESS that	The state of the s
	ormin,	week as follows: C
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	V	Tr No in allumorme Date of one
Industry or business In which		@ t . D . 12- 4.4 ( ) & & -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	······	mil to a series of the
	11. Total time (years) spent in this	Comment of the Comment
year)	occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	12.5.	Grahably pneumonia
(State or country)	and Co.	- Type: no one known.
13. NAME You We		J' Cufa
13. NAME LOVE LOVE 14. BIRTHPLACE (city or town)		Neme of operation Dete of
(State of Country)	A.	Whet test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME Auce	udd Woling	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME	5-6	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	mersey .	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Our WS	olis	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Of College on	Date Jan 2-7 ,193	Manner of Injury
9. UNOERTAKER James S	Dennis	24. Wes disease or injury In any way related to occupation of deceased?
10. FILED 1/27 , 19 8 4	2 South	(Signed) Is specially the collections of M
	Registrar.	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(85)
county Sommerset	Registration Dist. Np. 264
Village or City Upper Rill Tipa	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME John Honry Waters	
(a) Residence: No. Opter Colly Tile,	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS \  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If matried, widowed or divorced	21. DATE OF DEATH  damuary 17 (Nonth) (Poer)  (Month) (Yeer)
HUSBAND of Eligabeth Johnson	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Donl-Rnow	Hast saw harm alive on Tare 15 , 19 8 H; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:15#m.
interior I day, hrs. or rain.	The PRINCIPAL CAUSE OF DEATH end related-causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of unage
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ATTack of Epilebsy 1/1/34
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked et this occupation (month and Sapt 1985) spent in this year)  11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Jular 4 1 and (State or country)	Other Contributory Causes of importance:
C	
I 13. NAME dosoph Waters	
14. BIRTHPLACE (city or town) 12 90 4 laved (Stete or country)	Name of operation
I 15. MAIDEN NAME & secresher Proll	What test confirmed diagnosis? Was there an autopsy? N.D.
16. BIRTHPLACE (city or town) wy laced (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Locis Washington (Address) Locus fairmount ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL .  Place Miler Faironand Date Jan 18 , 1934	Manner of Injury
19. UNDERTAKER Graham Waters (Address) Johner Hill	24. Wes disease or injury In eny way related to occupation of deceesed?
20. FILED Jan 17, 1934 G. Dickinson Registrar.	(Signed) Oldon A, auxoman M.D.  (Address) Princepo Olego, Tipl.
If more blanks are needed, address State Registrar	2411 N. Charles Street Belgimore Property 7 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a wiman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

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Example I	n FD	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUDEAL V	(t		
A)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS BY PHYSICIAN
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of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(122:0)
County Somerset	Registration Dist. Np. 270
Village or City Coresbuld	No. TYD # Y
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred	
2. FULL NAME DEWELL (Welson	
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresid at give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLDR DR RACE OR DIVORCED (write the wond) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Longeaua Welson  6. DATE OF BIRTH (month, day, and year) about 1884	1 HEREBY CERTIFY, That I attended deceased from 22, 1934, to Jan 23, 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 P m.
about 50 mhn. 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
A Trade profession or particular	Date of onset
SAWYER, BODKKEEPER, etc.	Clerk Del 7 Herro
Industry or business in which work was done, as SILK MILL, on Harris SAW MILL, BANK, etc.	Torrny
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, or SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Some set Co, (State or country)	Other Contributory Causes of importance:  Slungulated ne soutine
A A A A A A A A A A A A A A A A A A A	Hereik a H feet gon beeck
13. NAME 1. Complete Control of Co	Name of operation Lagranting Purch B Date of 23 34  What test confirmed diagnosis? Lynntus 1 Was there an autopsy?
15. MAIDEN NAME LONG Acles W	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
17. INFORMANT Cather Saulsfright (Address) Formula City, Nat	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Possesse Level Lety Date Jan 15, 1934	Manner of injury
19. UNDERTAKER/LYNOU! Stige endar	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CALL 24, 19-3-4 C. E. Colleges Registrar.	(Signed) Lange Corellary M. D.  (Address) Jacobin 70-5
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year